

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed and accurate.

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COC #

Required Ship to Lab:						Required Project Information:								Required Sampler Information:																																																			
Lab Name:						Site ID #:				MC252				Sampler													TAT: Standard 5 day				Rush			Mark One																															
Address:						Project #								Sampling Company																																																			
						Site Address				1597 Highway 311				City/State						Phone #:																																													
Lab PM:						City				Schreiber				State, Zip				LA, 70395				Reimbursement project?						Non-reimbursement project?				Mark one																																	
Phone/Fax:						Site PM Name				Carlos Moreno				Send EDD to																																																			
Lab PM email						Phone/Fax:				281-995-1170				CC Hardcopy report to																																																			
Applicable Lab Quote #:						Site PM Email:				carlos.moreno@bp.com				CC Hardcopy report to																																																			
<div>ITEM #</div>						SAMPLE ID Samples IDs MUST BE UNIQUE				SAMPLE LOCATION				Sample Depth		MATRIX CODE		G=GRAB C=COMP		SAMPLE TYPE		SAMPLE DATE				SAMPLE TIME		#OF CONTAINERS		Comments/Lab Sample I.D.																																			
														Depth Unit:																																																			
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Additional Comments/Special Instructions:										SAMPLE REASON (check only one)				RELINQUISHED BY / AFFILIATION										DATE		TIME		ACCEPTED BY / AFFILIATION										DATE		TIME		Sample Receipt Conditions																							
										Investigatory																																Y / N																							
										Split Comparison																																Y / N																							
										Split Legal																																Y / N																							
										Special Study																																Y / N																							
														SHIPPING METHOD: (mark as appropriate)										SAMPLER NAME AND SIGNATURE																								Temp In OC		Sample s on Ice?		Sample intact?		Trip Blank?											
														UPS COURIER \ FEDEX										PRINT Name of SAMPLER:																																									
										Oth:				US MAIL										SIGNATURE of SAMPLER:																				DATE Signed												Time:									